U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amenced, Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C 439 or 440.

TREAD THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
E CANS 22 Mg	
1. File Number U - 10436	2. Fiscal Year Covered From:
	1/1/04 Through: 12/31/04
3. Name and address of person filing.	4. Name, file number, and adoress of labor organization.
Name STuart Ketz	Name Plumbers Low 15 Minneaph's Labor Organization File Number 667487
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 708 5. 10th 57.	Street 708 50. 10# 51.
City Minneupolis	City Minneapolis
State Minn . ZIP Code + 4 55404	State Mina esota. ZIP Code + 4 55404
5. Position in labor organization.  Bissiness Agent	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	No NET
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	0
State ZIP Code + 4	
Sign	nature turn Kot
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Stut KS	On 8-11-05 612 280 - 4224  Date Telephone Number

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

NONE

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

ZIP Code + 4

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name Mino osota Mechanical Contractors Assoc

Trade Name, if any

P.O. Box, Bldg., Room No., if any

P.O. Box, Bldg., Room No., if any

Street

City

State

Street 766 TRANSFOR RA

City 57. PA44

State Minn -> sota

ZIP Code + 4 55114

13.b. Is the Business an Employer

or Consultant

14.a Nature of payment.

12 b. Amount.

Labor / Management Golf.
Tourname - 6-28-04

14.b. Amount of payment

# 199.98

C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	·
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14 a. Nature of payment
Name Sieben, Grass, von Holton & CAREY LTD.	Christmas Dinner
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	12-16-04
Street GOD Midwest PLAZA	
Street 900 Midwest PLAZA  City MPCS-	
State MN. ZIP Code + 4 55 402	
13 b is the Business an Employer or Consultant 7	14.b Amount of payment